

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004832</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/16/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SYMPHONY OF CHICAGO WEST</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS: 300.615e) 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information (e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident 's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) These requirements were not met as evidenced by: Based on interview and record review, the facility failed to initiate criminal background checks within 24 hours of admission for eight residents (R83, R84, R85, R86 R87, R88, R89, R90) from the supplemental sample reviewed for admission background checks. Findings Include: The facility's admission, transfer, and discharge log from 3/1/16 to 6/13/16 indicates that R83 was admitted to the facility on 6/10/16. R83's Illinois Sex Offender Information sheet and Illinois Department of Corrections sheet dated 6/13/16 indicate that the background checks on those websites were performed on 6/13/16. R83's Illinois State Policy information sheet dated 6/14/16 indicates that the background check on that website was performed on 6/14/16. The facility's admission, transfer, and discharge log from 3/1/16 to 6/13/16 indicates that R84 was</p>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

06/29/16

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S9999	Continued From page 1  admitted to the facility on 6/4/16. R84's Illinois Sex Offender Information sheet and Illinois Department of Corrections sheet dated 6/6/16 indicate that the background checks on those websites were performed on 6/6/16. R84's Illinois State Policy information sheet dated 6/7/16 indicates that the background check on that website was performed on 6/7/16. The facility's admission, transfer, and discharge log from 3/1/16 to 6/13/16 indicates that R85 was admitted to the facility on 6/10/16. R85's Illinois Sex Offender Information sheet and Illinois Department of Corrections sheet dated 6/13/16 indicate that the background checks on those websites were performed on 6/13/16. R85's Illinois State Policy information sheet dated 6/14/16 indicates that the background check on that website was performed on 6/14/16. The facility's admission, transfer, and discharge log from 3/1/16 to 6/13/16 indicates that R86 was admitted to the facility on 6/4/16. R86's Illinois Sex Offender Information sheet and Illinois Department of Corrections sheet dated 6/6/16 indicate that the background checks on those websites were performed on 6/6/16. R86's Illinois State Policy information sheet dated 6/7/16 indicates that the background check on that website was performed on 6/7/16. The facility's admission, transfer, and discharge log from 3/1/16 to 6/13/16 indicates that R87 was admitted to the facility on 6/3/16. R87's Illinois Sex Offender Information sheet and Illinois Department of Corrections sheet dated 6/6/16 indicate that the background checks on those websites were performed on 6/6/16. R87's Illinois State Policy information sheet dated 6/7/16 indicates that the background check on that website was performed on 6/7/16. The facility's admission, transfer, and discharge log from 3/1/16 to 6/13/16 indicates that R88 was	S9999			

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S9999	Continued From page 2  admitted to the facility on 6/3/16. R88's Illinois Sex Offender Information sheet and Illinois Department of Corrections sheet dated 6/6/16 indicate that the background checks on those websites were performed on 6/6/16. R88's Illinois State Policy information sheet dated 6/14/16 indicates that the background check on that website was performed on 6/14/16. The facility's admission, transfer, and discharge log from 3/1/16 to 6/13/16 indicates that R89 was admitted to the facility on 6/3/16. R89's Illinois Sex Offender Information sheet and Illinois Department of Corrections sheet dated 6/6/16 indicate that the background checks on those websites were performed on 6/6/16. R89's Illinois State Policy information sheet dated 6/7/16 indicates that the background check on that website was performed on 6/7/16. The facility's admission, transfer, and discharge log from 3/1/16 to 6/13/16 indicates that R90 was admitted to the facility on 5/28/16. R90's Illinois Sex Offender Information sheet and Illinois Department of Corrections sheet dated 6/1/16 indicate that the background checks on those websites were performed on 6/1/16. R90's Illinois State Policy information sheet dated 6/7/16 indicates that the background check on that website was performed on 6/7/16. On 6/16/16 at 11:10 AM, E1 (Administrator) stated in part that resident admission background checks are initiated when the residents are referred to the facility. The facility checks the Illinois Sex Offender, Illinois Department of Corrections, and Illinois State Police websites. E1 is not sure of the time frame for performing background checks once a resident is admitted to the facility. On 6/16/16 at 12:30 PM, E3 (Assistant Director of Nurses) stated in part that E1 told E3 that the facility does not have a policy for resident	S9999		

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S9999	Continued From page 3 background checks.  (B)  SUBPART U: ALZHEIMER'S SPECIAL CARE UNIT OR CENTER PROVIDING CARE TO PERSONS WITH ALZHEIMER'S DISEASE OR OTHER DEMENTIA 300.7070a) ST 300.7070 Quality Assessment and Improvement The unit shall have a written plan that is part of the facility's overall quality assurance plan to assess residents' quality of care, quality of life, and overall well-being.  a) The licensee shall develop and implement a quality assessment and improvement program designed to meet at least the following goals:  1) Ongoing monitoring and evaluation of the quality of care and service provided at the facility, including, but not limited to:  2) Identification and analysis of problems.  3) Identification and implementation of corrective action or changes in response to problems.  This requirement was not as evidenced by: Based on interview and record review the facility failed to adhere to a written plan that is part of the facility's overall quality assurance plan to assess residents' overall well-being on the licensed Alzheimer ' s unit in the facility. These failures have the potential to effect 2 of 2 residents in the sample of 30 (R8 and R24) reviewed for individualized care and services on the Alzheimer	S9999		

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S9999	<p>Continued From page 4</p> <p>'s disease/ Dementia unit and 12 residents in the supplemental sample (R71-R82).</p> <p>Findings include:</p> <p>On 6/14/16 at 1:45 pm during an interview with E2 DON (Director of Nursing), E2 was asked for evidence of current staff dementia training as required by the facilities Alzheimers unit designation. E2 stated, " We not going to be certified any longer. " E2 was asked for documentation to verify decertification of the Alzheimer ' s unit. E2 stated we do not have anything. The administrator informed me that he was advised by Springfield to notify the state agency at the current annual survey. " On 6/14/16 the facility administrator E1, presented a written statement dated 6/14/16 that indicates E1 spoke with Z5 (Staff member Licensure Division) from the state agency notifying State Agency of the intent of the facility not to continue certification for the Alzheimer ' s/ Dementia special care unit. The written statement also indicates that Z5 informed the facility that they must notify family members and guardians about the intent not to recertify. On 6/15/16 during the facility presentation, E1 Administrator was asked if the facility had notified the state agency of the decision to cancel renewal of the designation as an Alzheimer ' s care unit. E1 stated, " I was advised that I could do it during the annual survey. " On 6/15/16 at 2:15pm during an interview with E2 DON, E2 was asked, what quality assurance, problem solving or policies specific to Dementia/ Alzheimer ' s does the facility have in place. E2 stated, " none because we are not going to recertify. " On 6/15/16, E1 Administrator submitted to the survey team a copy of the decertification notice intended for resident family members and</p>	S9999			

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